

Student Name: _____
(Please Print Clearly)

Medical Liability Release Form

DIRECTIONS: Due to legal restrictions, it is necessary that **all** students, parents/guardians, guests and HOSA Advisors complete this form to be eligible to attend and participate in any HOSA activity/conference during the school year. This form should be returned to the local HOSA Chapter Advisor.

PLEASE TYPE OR PRINT ALL INFORMATION

HOSA Member/Attendee _____ Phone # _____
Home Address _____
Parent/Guardian (if member/attendee is a secondary student) _____
Parent/Guardian Phone #: _____
Alternate Emergency Contact: _____
Alternate Emergency Contact Phone #: _____
Local Advisor: _____ School Name: _____
Local Advisor Cell #: _____

Student/Attendee Physician: _____ Phone: _____
Physician's Address: _____

Student/attendee is covered by group or medical insurance: Yes No

If yes, complete the following information:

Name of insured: _____ Insurance Company: _____

Group #: _____ Policy #: _____

Please completely describe any medical condition which may recur or be a factor in medical treatment:

a. Allergies: _____ e. Physical Handicap: _____

b. Convulsions: _____ f. Medicine Reactions: _____

c. Blackouts: _____ g. Disease of any kind: _____

d. Heart/lung problems: _____ h. Other (Be specific): _____

If currently taking medication, please provide the following information:

Name of medication: _____

Prescribing Physician/Phone Number: _____

LIABILITY RELEASE. I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during this trip/activity. I hereby release the National HOSA Board of Directors, the National Staff, State and Local HOSA Associations, and any designated individual in charge of the HOSA group or specific activity from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity including competitive events.

PARENT/GUARDIAN: Please check **one** of the following and sign your name.

I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

I do not give permission for medical treatment until I have been contacted.

Parent/Guardian's Signature: _____ Date _____
(Applicable for secondary students)

HOSA Member/Attendee Signature: _____ Date _____

Advisor's Signature: _____ Date _____

Secondary student is defined as a high school student while a HOSA member